

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature <i>Alberto Gonzales</i>		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>SEP 29 2007</i>		C. Date of Delivery
<input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> S, enter delivery address below: <input type="checkbox"/> No		

Alberto Gonzales
 Atty General to the US
 US Dept of Justice, 10th & Const. Ave
 Washington, DC 20530

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D. Mail Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service)

7007 1490 0000 0026 6428

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004